California SCHIP Caregivers' Perceptions of Dental Care

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Purpose

- Goal: To develop a survey to assess consumer experiences with dental care and plans as part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) project
- Focus → Plans that provide dental benefits for children
 - Primary Interest: Medicaid / SCHIP
 - Second Interest: Commercial plans

Primary Study Objective:

- Evaluate beta version of the survey in a sample of 2001-2002 enrollees in the California SCHIP program
- Evaluate survey psychometric properties
 - 1. Item missing data
 - 2. Reliability (internal consistency and health plan level)
 - 3. Item discrimination across scales or composites
 - 4. Construct validity

Additional Study Objectives:

- Assess associations of provider and enrollee characteristics with:
 - 1. Global ratings of care & plans
 - 2. Reports about care

Methods: Data Collection

- Random sample of 4-18 year-old children continuously enrolled in 5 California SCHIP dental plans for 12 months or longer drawn according to modified NCQA/CAHPS® 2.0H protocols
- Data collection conducted by DataStat
- Surveys mailed to caregivers in English, Spanish, Chinese, Korean or Vietnamese based on primary language designated on Healthy Families Program applications

Data Collection Results

- Usable4 Surveys:
 - **2**,536 (2001)
 - **2**,232 (2002)
- Response rates:
 - **50%** (2001)
 - **56%** (2002)
- Final pooled sample:
 - 4,036 SCHIP enrollees who used SCHIP dental plan for all / most of their dental care

DCAHPS® Psychometric Analysis

- Reports About Care (Composites):
 - Getting needed care (4 items)
 - Getting care quickly (5 items)
 - Dental providers' communication (5 items)
 - Office staff (2 items)
 - Dental plan customer service (3 items)

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DCAHPS® Psychometric Analysis

- ✓ Item missing data
- ✓ Reliability (internal consistency and health plan level)
- ✓ Item discrimination across scales or composites
- ✓ Construct validity

Results in press: Medical Care

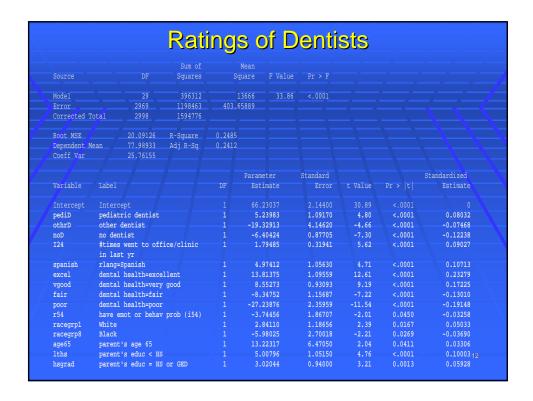
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Methods: Statistical Analysis

- Reports About Care and Global Ratings were regressed on:
 - Years in plan
 - Type of regular dentist (pediatric / general dentist)
 - ER use
 - Dental care use
 - Survey language
 - Child's reported dental health
 - Presence of child emotional, developmental or behavioral problems
 - Child's age, gender and race/ethnicity
 - Parent's age, gender and educational attainment

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	on										
Source			Sum of Squares		Mean uare	F Value					
Model		29	380953		3136	26.42	<.0001				
Error		3009	1496157	497.2	2720						
Corrected To	tal	3038	1877110								
Root MSE		22.29859	R-Square	0.2029							
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Coeff Var		29.46871	110 11 04								
					Parame		Standard				Standardized
Variable	Label				Estin	ate	Error		lue	Pr > t	Estimate
Intercept	Interc	ept			68.67	374	2.36219	29	.07	<.0001	
pediD pediatric dentist			1 4.65961		961	1.20405		.87	0.0001	0.06622	
othrD	arD other dentist			-23.34	496	4.50928	-5	.18	<.0001	-0.08484	
noD	no dentist			1 -7.69561		0.96665		.96	<.0001	-0.13642	
124				1.71	136	0.35256	4	.85	<.0001	0.07979	
	in las				44.05						
excel	dental health=excellent				14.87		1.20963		.29	<.0001	0.23200
vgood				1 8.9289			1.02655		.70	<.0001	0.16678
fair	dental health=fair			1 -6.3			1.27193		.02	<.0001	-0.09261
poor	dental health=poor			-14.72		2.60349		.65	<.0001	-0.09598	
racegrp1	White				6.20		1.31095		.74	<.0001	0.10214
p male	parent	's gender			-2.41	.690	1.20337	-2	.01	0.0447	-0.03399 0.05250 ₁₁



Results Summary

- More negative experiences (reports) with dental care were observed for children with:
 - no regular dentist
 - worse dental health
 - fewer dental visits
 - non-white caregivers
 - caregivers with high school education or higher
 - male parent survey respondent
- Spanish language respondents reported more negative experiences with getting needed care and customer service, <u>but</u> rated dentists and plans more positively than English respondents.

Results Summary

- Regression models using dummy variables to indicate whether the parent was able to be present in the room when the child was being treated suggest that this is an important variable.
 - Caregivers who wanted to be present but weren't allowed to be were less pleased with care.
 - Caregivers who wanted to be present and were always in the room tended to be most pleased with care.

Conclusions

- This study revealed important differences in California SCHIP enrollee caregivers' perceptions of dental care associated with having a regular dentist, utilization, health, race, gender, language and caregivers' education level.
- Beta version of the instrument performed well
- Revised version recommended for future studies

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